

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5782

State File No. ....  
Registrar's No. 952

FILED MAR 12 1952

BIRTH NO. .... REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5782

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley (Glaze) Rural</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brumley (Glaze Township) Rural</u>	d. STREET ADDRESS (If rural, give location) <u>0-50</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) c. (Last) <u>Phillips</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Ervin Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Prudie Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Prudie Phillips Brumley, Mo. R. 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bradycardia</u> DUE TO (c) <u>Heart block</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>3 years</u>
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19a. DATE OF OPERATION <u>4201</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from Aug, 1949, to Feb 21, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 5:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Malovich D.O.</u>		23b. ADDRESS <u>Crocker Inn</u>		23c. DATE SIGNED <u>2-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robnett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Wes. C. R. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedge, Inc. Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
Baltimore, Md.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Berlin, Md.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.